

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 24 1932

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

677

1. PLACE OF DEATH

County Franklin

Registration District No. 295

Township Sullivan

Primary Registration District No. 4179

City Sullivan (No. 1)

File No. 1

Registered No. 1

St. Mo. Ward 1

2. FULL NAME

(a) Residence, No. Arlene Franklin

St. Mo. Ward 1

(Usual place of abode)
Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Nov. 21, 1931

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

1

23

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Sullivan, Mo.

FATHER

13. NAME Orville Franklin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Smithboro, Ill.

MOTHER

15. MAIDEN NAME Lemira Merifield

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT (ADDRESS) Orville Franklin

18. BURIAL, CREMATION, OR REMOVAL PLACE Sullivan, Mo. DATE Jan. 21, 1932

19. UNDERTAKER (ADDRESS) J. J. Williams
Sullivan, Mo.

20. FILED 1-21, 1932 Jas. H. Morgan
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 20, 1932

22. I HEREBY CERTIFY, that I attended deceased from Jan. 20, 1932, to Jan. 20, 1932.

Last saw her alive on Jan. 20, 1932. Death is said to have occurred on the date stated above, at 2 m.

The principal cause of death and related causes of importance were as follows:

Bronchitis (apillary) Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ①

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) Walter D. Mattox, M. D.

(Address) Sullivan, Mo.

